

01-21-05

AF/ 1632/#

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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				Application Number	09/856,230		
TRANSMITTAL				Filing Date	August 14, 2001		
			-	First Named Inventor	PRUSINER, STANLEY B.		
FORM				Group Art Unit	1632		
(to be used for all correspondence after initial filing)			tial filing)	Examiner Name	FALK, ANNE MARIE		
				Attorney Docket Number	UCAL-056CIP4		
	Total Number of	Pages III This Submission		ES (check all that apply)			
	Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application		Assign (for an Drawin Licens Petitio Provis Power Chang Addre Reque	ament Papers Application) ng(s) sing-related Papers n n to Convert to a ional Application of Attorney, Revocation ne of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):		
		SIGNA	TURE OF APPI	ICANT, ATTORNEY, OF	RAGENT		
Signing A (Reg. No							
Date January 19, 2005							

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

120.00

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& Terral on 12/0	08/2004	Complete ii Kilowii			
Fees pursuant to the Consolidated Appro	opriations Act, 2005 (H.R. 4818).	Application Number	09/856,230		
FEE TRANS	IATTIMS	Filing Date	August 14, 2001		
		First Named Inventor	PRUSINER, STANLEY B.		
For FY 2	2005	Examiner Name	FALK, ANNE MARIE		
Applicant claims small entity st	atus. See 37 CFR 1.27	Art Unit	1632		
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No.	UCAL-056CIP4		

	ATMENT	7 120.00		Attorney Docket					
METHOD OF PAYMENT (check all that apply)									
Check Cred	lit Card	Money Order	None None	Other (r	lease identify)	:			
Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION	N								
1. BASIC FILING, SI	EARCH, AND	EXAMINATIO	N FEES						
	FILIN	IG FEES	SEAR	CH FEES	EXAMINA	TION FEES			
<u>-</u>	E . (6)	Small Entity	Eng (8)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Application Type	<u>Fee (\$)</u> 300	<u>Fee (\$)</u> 150	<u>Fee (\$)</u> 500	250	200	100	rees raid (4)		
Utility Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80	 		
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)									
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Each independent claim over 5 or, for Reissues, each independent claim more than in the original parent									
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
3 -20 or HP = 0 x = Fee (\$) Fee Paid (\$)									
HP = highest number of total claims paid for, if greater than 20 Indep. Claims									
Indep. Claims		<u>Ciaims</u> <u>F</u> 0 x	ee (\$) =	ree raiu (3)					
HP = highest number of independent claims paid for, if greater than 3									

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets (round up to a whole number) x

Fee Paid (\$) 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

3. APPLICATION SIZE FEE

Other: Petition for One Month Extension of Time

SUBMITTED BY Registration No. Telephone (650) 327-3400 Signature (Attorney/Agent) 28,807 Date 01/19/2005 Name (Print/Type) Karl Bozicevic

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